

## HIPAA REVIEW QUESTIONS

1. HIPAA stands for:  
☐ a. Health Insurance Portability and Accountability Act  
☐ b. Health Information Personal Accountable Act  
☐ c. Health Insurance Privacy Authorization Act  
☐ d. None of the above
2. Protected Health Information (PHI) is anything that could be used to identify an individual, For example: Date of Birth, Social Security Number, Address, etc.  
☐ a. True  
☐ b. False
3. Protected Health Information (PHI) refers to health information that is transmitted or maintained in any form or medium; for example: oral, written and electronic medium.  
☐ a. True  
☐ b. False
4. Protected Health Information (PHI) can not be disclosed for medical information used for treatment, payment, or health care operations.  
☐ a. True  
☐ b. False
5. HIPAA was meant to direct us on how to *care* for our patient/clients.  
☐ a. True  
☐ b. False
6. Patient/client information should never be left out in the open or unattended.  
☐ a. True  
☐ b. False
7. All discarded paperwork containing patient information should be shredded.  
☐ a. True  
☐ b. False
8. Patient/client must receive the Notice of Privacy Practices on the first date of treatment; however, the patient/client is not required to sign showing proof of receipt.  
☐ a. True  
☐ b. False

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9. The patient/client does not have the right to access and receive a copy of their medical records.

- ☐ a. True  
☐ b. False

10. The following administrative requirements must be in place under the HIPPA regulation: designation of a privacy official, adoption of policies and procedures as well as training.

- ☐ a. True  
☐ b. False

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### EMPLOYEE TRAINING ACKNOWLEDGMENT

I have read and understand the “HIPAA Policy” provided to me at my new employee in-processing at the Personnel Department and have reviewed the policy with my supervisor, \_\_\_\_\_, on this date: \_\_\_\_\_.

I acknowledge that I will sign and return this acknowledgment to my supervisor.

\_\_\_\_\_  
EMPLOYEE’S PRINTED NAME

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
EMPLOYEE’S SIGNATURE

\_\_\_\_\_  
SUPERVISOR’S SIGNATURE

**[Click here for the HIPAA Answer Sheet](#)**